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U.S.PatentandTrademarkOffice;U.S.DEPARTMENTOFCOMMERCE  
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USPTO  
1009/66693

09/22/00  
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## REISSUEPATENTAPPLICATIONTRANSMITTAL

Address to: <b>Assistant Commissioner for Patents Box Reissue Washington, DC 20231</b>		AttorneyDocketNo. <b>47382.000060</b>																
		FirstNameInventor <b>Johnson, et al.</b>																
		OriginalPatentNumber <b>5,812,249</b>																
		OriginalPatentIssueDate <b>(Month/Day/Year)</b> <b>09/22/98</b>																
		ExpressMailLabelNo.																
<b>APPLICATIONFORREISSUEOF:</b> (Check applicable box)		<input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent																
<b>APPLICATION ELEMENTS (37CFR1.173)</b>																		
<table border="0"><tr><td>1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for processing)</td><td>7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).</td></tr><tr><td>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</td><td>8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)</td></tr><tr><td>3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)</td><td>9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)</td></tr><tr><td>4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)</td><td>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449    <input type="checkbox"/> Copies of IDS Citations</td></tr><tr><td>5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)</td><td>11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)</td></tr><tr><td>6. Original U.S. Patent currently assigned?  <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No  (If Yes, check applicable box(es))</td><td>12. <input checked="" type="checkbox"/> Preliminary Amendment</td></tr><tr><td><input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)</td><td>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</td></tr><tr><td><input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement</td><td>14. Other: ... ..... .....</td></tr></table>			1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for processing)	7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).	2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)	3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)	4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	6. Original U.S. Patent currently assigned?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  (If Yes, check applicable box(es))	12. <input checked="" type="checkbox"/> Preliminary Amendment	<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement	14. Other: ... ..... .....
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### 15. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Barcode Label <small>(Insert Customer No. or Attach barcode label here)</small>		or <input type="checkbox"/> Correspondence address below	
Name	James G. Gatto		
Address	Hunton & Williams 1900 K Street, N.W.		
City	Washington	State	DC
Country	U.S.A.	Telephone	(202) 955-1500
Fax	(202) 778-2201		

NAME (Print/Type)	Devin S. Morgan	Registration No. (Attorney/Agent)	45,562
Signature		Date	09/22/00

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REISSUEAPPLICATIONFEETRANSMITTALFORM				DocketNumber(Optional) 47382.000060				
ClaimsasFiled-Part1								
Claimsin Patent		NumberFiledin ReissueApplication	(3) NumberExtra	SmallEntity		Otherthan a SmallEntity		
				Rate	Fee	Rate	Fee	
(A) 9	TotalClaims (37CFR1.16(j))	(B) 9	**** =	x \$ _____ =		or	x \$ 18 = 0	
(C) 3	Independentclaims (37CFR1.16(i))	(D) 3	* =	x \$ _____ =			x \$ 78 = 0	
				BasicFee(37CFR1.16(h)) \$ _____		\$ 690.00		
				TotalFilingFee \$ _____		OR \$ 690.00		
ClaimsasAmended-Part2								
	(1) ClaimsRemaining AfterAmendment		(2) HighestNumber Previously PaidFor	(3) Extra Claims Present	SmallEntity		Otherthan a SmallEntity	
					Rate	Fee	Rate	Fee
TotalClaims (37CFR1.16(j))	*** 20	MINUS	** 20	* = 0	x \$ _____ =	x \$ 18 = 0		
Independent Claims(37CFR1.16(i))	*** 5	MINUS	***** 3	= 2	x \$ _____ =	x \$ 78 = 156.00		
				TotalAdditionalFee \$ _____		OR \$ 156.00		
<p>*Iftheentryin(D)isless thantheentryin(C),Write"0"incolumn3.</p> <p>**Ifthe"HighestNumberofTotalClaimsPreviouslyPaidFor" isless than20,Write"20"inthisspace.</p> <p>***Afterany cancellationofclaims.</p> <p>**** If"A" isgreater than20,use(B-A);if"A" is20orless,use(B-20).</p> <p>***** "HighestNumberofIndependentClaimsPreviouslyPaidFor" orNumberofIndependentClaimsinPatent(C).</p>								
<p><input type="checkbox"/> Applicantclaimssmallentitystatus.See37CFR1.27.</p> <p><input type="checkbox"/> PleasechargeDepositAccountNo. _____ intheamountof _____ .  Aduplicatecopyofthissheetisenclosed.</p> <p><input checked="" type="checkbox"/> TheCommissionerisherebyauthorizedtochargeanyadditionalfeesunder37CFR1.16or1.17whichmayberequired,or  creditanyoverpaymenttoDepositAccountNo. 50-0206  Aduplicatecopyofthissheetisenclosed.</p> <p><input checked="" type="checkbox"/> Acheckintheamountof\$ 846.00 tocoverthefiling/additionalfeeisenclosed.</p> <p><input type="checkbox"/> Paymentbycreditcard.FormPTO-2038isattached.</p>								
<b>WARNING:Informationonthisformmaybecomepublic.Creditcardinformationshouldnot beincludedonthisform.ProvidecreditcardinformationandauthorizationonPTO-2038.</b>								
 09/22/00				SignatureofApplicant,AttorneyorAgentofRecord				
Devin S. Morgan Typedorprintedname								

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 JC941 U S 667693  
 09/22/00

PATENT  
Attorney Docket No. 47382.000016

CERTIFICATE UNDER 37 C.F.R. § 3.73(B)

ENVIROTEST SYSTEMS CORP. certifies that it is assignee of the entire right, title and interest in the patent identified above by virtue of a chain of title from the inventor(s) of the patent identified above, to the current assignee as shown below:

1. From: James H. Johnson et al.  
To: Envirotest Systems Corp.  
The document was recorded in the Patent and Trademark Office  
at Reel 8324, Frame 0932

The undersigned (whose title is supplied below) is empowered to sign this certificate on behalf of the assignee.

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further, that these statements are made with the knowledge that willful false statements, and the like so made, are punishable by fine or imprisonment, or both, under Section 1001, Title 18 of the United States Code.

Date 2/29/00

  
Signature of Legal Representative of  
Envirotest Systems Corp.

Name: LAWRENCE DAVID HURWITZ  
Title: VP & GENERAL COUNSEL